

FILED OCT 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35319

STATE FILE NUMBER

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Kennett Mo. Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 Poole St		d. STREET ADDRESS 204 Poole St (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Thelma Middle Middleton Last Middleton		4. DATE OF DEATH Month Sept. Day 29 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 11- 1914
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		9b. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY XX	
11. BIRTHPLACE (City and state or country) Senath Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Charley Macom		14. MOTHER'S MAIDEN NAME Doshia Gipson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. EX		16. SOCIAL SECURITY NO. 497-03-1902	
17. INFORMANT Novise Middleton		Address Kennett Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Pl Renal Carcinoma DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 6 mths
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 180X.	
20c. TIME OF INJURY Hour a. m. Month Day Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Kennett Mo.		20g. COUNTY Kennett	
20h. STATE Mo.			
21. I attended the deceased from May 1957 to July 24, 1957 and last saw her alive on 5-24-1957 Death occurred at About 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul C. Mittenbeyer (Degree or title) M.D.		22b. ADDRESS Kennett Mo.	
22c. DATE SIGNED 10-5-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-1-57	
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Kennett Mo.	
24. FUNERAL DIRECTOR Lentz Service		25. DATE RECD. BY LOCAL REG. 10-7-1957	
26. REGISTRAR'S SIGNATURE Paul J. Harbison			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

70-0

RECEIVED BUNKLIN COUNTY

DEPARTMENT 10-15-5

COUNTY FILE NUMBER 1057

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by; Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above, constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.